

CHAPTER SEVEN

RELOCATION REQUIREMENTS MONITORING AND COMPLIANCE REVIEW

General Instructions to Monitoring Staff:

This review should be conducted “on-site” at the local program office and work sites through review of grantee policies and procedures, review of general and case files (the latter selected at random by the Reviewer), interviews of key staff, and as appropriate inspection of properties and interviews of any displaced persons or business owners. The issues and concerns identified in this on-site review of the grantee’s relocation activities should be noted on the Relocation Requirements – Summary Page for Monitoring and Compliance Review found at the end of this chapter.

A. GENERAL INFORMATION

Date(s) of On-Site Review: _____

Grantee/Project Name: _____ Program Year: _____

Grant #: _____ Grant Term: _____

Local Staff (or Displaced Persons) Interviewed:

Name:	Title (if applicable):	Location/Address:	Date of Interview:	Telephone #/e-mail:
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

B. ISSUES FROM GENERAL PROJECT INFORMATION SUMMARY: *Note: Please refer to Section D of the General Project Information Summary (Chapter One). Any Relocation issues that emerged from the completion of the in-house review reflected in Chapter One should be addressed through interviews with the local project staff or displaced persons and/or on-site file reviews. These issues can be addressed at the beginning of the monitoring visit, or at whatever point in the monitoring visit the Reviewer feels is appropriate.*

Issues for On-Site Follow-Up	Related Questions/Citations	Grantee Response and/or Resolution
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional Instructions to Monitoring Staff:

Anti-displacement and relocation requirements and procedures for grantees of the Maryland CDBG Program include those that are generally applicable to all Federally-assisted programs. Per 24 CFR 570.488, the applicable rules are set forth in 24 CFR 570.606 and 24 CFR Part 42, which contains regulations for implementing the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA), as amended. The overall purposes of the Federal requirements in URA and in Section 104(d) of the Housing and Community Development Act of 1974 (the “Act”), as amended, include the following:

- To assure that grantees have taken all reasonable steps to minimize displacement of persons (families, individuals, businesses, nonprofit organizations, and farms) in activities undertaken in whole or in part with Federal funds;
- To ensure that grantees establish and follow a uniform policy for the fair and equitable treatment of persons displaced as a result of Federal or Federally-assisted programs in order that such persons do not suffer disproportionate injuries as a result of programs designed for the benefit of the public as a whole; and
- To guarantee the one-for-one replacement of occupied or occupiable lower-income dwelling units demolished or converted to another use as part of the funded activity or project.

It is important to note that any project involving displacement or relocation, and that uses CDBG funds, is subject to these requirements. This is true even if the CDBG funds are financing only a portion of the activity or project.

There are a variety of requirements and sequential steps that grantees must follow to comply with the spirit and intent of URA and Section 104(d) of the Act. The relocation compliance monitoring review is intended to assess the grantee’s overall anti-displacement practices, and the grantee’s handling of specific relocation cases. In particular, the Reviewer will assess grantee compliance relative to:

- Proper notification
- Careful explanation of the rights of those subject to relocation and of the forms of assistance available
- Accuracy of payments
- Timeliness of activities
- Adequacy of replacement housing
- Adequacy of source documentation
- Evidence that assurances about the availability of housing and non-discrimination have been matched by actual administrative practices

Relocation is a relatively rare occurrence in the projects funded by the Maryland CDBG Program. However, if a project involves instances of relocation, the Reviewer should select an appropriate sample size for review based on the number of relocation cases resulting from the project.

IN-HOUSE REVIEW

DHCD monitoring staff should review the approved project application and Grant Agreement (including any amendments) to determine if project activities were expected to result in relocation and/or demolition or conversion of occupied or occupiable lower-income dwelling units. For projects that are expected to result in these situations, the grantee’s Requests for Payment should be reviewed to determine the amounts requested for such activities. If the grantee submitted a copy of its Anti-displacement Plan (mandated by Exhibit D of the Grant Agreement) to DHCD, this document should be reviewed. The Reviewer should also examine project correspondence and progress reports to determine if there is any other evidence suggesting that the project might entail displacement, relocation, or loss of occupied or occupiable lower-income dwelling units.

Ideally, for projects that were expected to involve relocation or replacement housing, DHCD staff have contacted the grantee at the outset of the project to ensure that the grantee is familiar with applicable requirements; DHCD staff also should have provided the grantee with detailed URA guidelines as well as brochures outlining the rights of persons subject to relocation. Prior to the on-site monitoring visit, the Reviewer should review the DHCD project files and specifically note when this guidance and any other relocation-related technical assistance was provided to the grantee.

ON-SITE REVIEW

The on-site review is performed to confirm that the grantee is maintaining adequate records and following proper procedures relative to compliance with the anti-displacement and relocation requirements spelled out in 24 CFR 570.606 and 24 CFR Part 42. The following are activities that the Reviewer will typically conduct during the on-site review:

- Review the grantee's Anti-displacement Plan (if it was not already examined as part of the in-house review)
- Ask the grantee to describe its anti-displacement and relocation procedures, particularly procedures to assist persons displaced, and determine if these are consistent with the written Anti-displacement Plan
- Review the accuracy of grantee information regarding the rights of persons subject to relocation and the assistance available to them
- Ensure related grantee record-keeping is complete, accurate, and secure, and that a separate file was established for each relocatee
- Verify relocation payments made through entries made in the grantee's financial records (also see Chapter Four – Financial Management), and ensure that they are consistent with approved relocation claims
- Review methods and timing of payments
- Determine if each relocatee was given proper notice and an opportunity to appeal
- Interview displacees to ensure that the grantee made them fully aware of their rights and the compensation to which they were qualified
- On a sample basis, inspect replacement housing to ensure it is comparable, decent, safe, and sanitary

In section C of this chapter (Relocation Checklist), the Reviewer should provide details regarding the grantee's compliance with the relocation requirements for individual case(s), and relative to the grantee's overall anti-displacement and relocation procedures and activities.

All issues identified during the on-site review of the grantee's anti-displacement and relocation procedures or activities should be noted on the Relocation Requirements – Summary Page for Monitoring and Compliance Review found at the end of this chapter of the Handbook.

C. RELOCATION REQUIREMENTS

RELOCATION CHECKLIST	Documentation Indicates General Program Practice Consistent with Relocation Requirements?	Case # _____	Comments:
ANTI-DISPLACEMENT AND RELOCATION ASSISTANCE PLAN			
<p><i>Citation: 24 CFR 42.325 (last revised 10/3/96): Requires grantees to have in effect and follow a residential anti-displacement and relocation assistance plan.</i></p> <p>1. Written Anti-displacement and Relocation Assistance Plan: Has the grantee developed a written anti-displacement and relocation assistance plan that:</p> <ul style="list-style-type: none"> ▪ Indicates the steps that will be taken to minimize the displacement of families and individuals from their homes and neighborhoods as a result of any assisted activities? ▪ Provides for relocation assistance in accordance with the provisions in 24 CFR 42.350? ▪ Provides one-for-one replacement dwelling units as required by 24 CFR 42.375? 	<p>Yes No</p> <p>Yes No</p> <p>Yes No</p>		
<p>2. Displacement Anticipated: Is displacement anticipated, or has it occurred, in connection with the project being funded through the Maryland CDBG Program?</p> <p>If "Yes", continue.</p> <p>If "No", go to page 10 and complete the questions concerning One-for-One Replacement Housing, as applicable.</p>	<p>Yes No</p>		
<p>3. Individual Relocation Case Files: Is there a relocation file for each displacee?</p>	<p>Yes No</p>	<p>Yes No</p>	

RELOCATION CHECKLIST		Documentation Indicates General Program Practice Consistent with Relocation Requirements?	Case # _____	Comments:
CHARACTERISTICS OF DISPLACED PERSONS: For monitoring individual relocation case files, first indicate the characteristics of the relocatees, using the check-off boxes in the following row; then complete the remaining sections of the Checklist, as relevant.				
Occupant Characteristics: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant	Residential <input type="checkbox"/> Family <input type="checkbox"/> Individual Household composition Adults: _____ Children: _____ Total: _____	Head of Household <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Under 65 years <input type="checkbox"/> 65 years or older	Nonresidential <input type="checkbox"/> Business <input type="checkbox"/> Farm <input type="checkbox"/> Nonprofit <input type="checkbox"/> Business reestablished <input type="checkbox"/> Business discontinued	Racial/Ethnic Data <input type="checkbox"/> Alaskan Native or American Indian <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other
GENERAL FILES (ALL RELOCATION CASES)				
1. Date of Submission for Financial Assistance/Site Control: Does the relocation file contain information regarding the date of submission for financial assistance, or date of site control, if later? Date: _____		Yes No	Yes No	
2. General Information Notice: Does the relocation file contain information on the date of the written general information notice? Date: _____ Did the general information notice include the pertinent HUD information booklets, or the equivalent?		Yes No Yes No	Yes No Yes No	
See 49 CFR 24.203				
3. Initial Negotiations: Does the relocation file specify the date of "initiation of negotiations"? Date: _____ See 24 CFR 570.606(b)(3)		Yes No	Yes No	

<p style="text-align: center;">RELOCATION CHECKLIST</p>	<p style="text-align: center;">Documentation Indicates General Program Practice Consistent with Relocation Requirements?</p>	<p style="text-align: center;">Case # _____</p>	<p style="text-align: right;">Comments:</p>
<p>4. Notice of Eligibility for Relocation Assistance: Does the relocation file contain the notice of eligibility for relocation assistance?</p> <p style="padding-left: 40px;">Date of eligibility notice: _____</p> <p>See 49 CFR 24.203(b)</p>	<p style="text-align: center;">Yes No</p>	<p style="text-align: center;">Yes No</p>	
<p>5. Initial Face-to-Face Contact: Does the relocation file contain documentation concerning the initial face-to-face contact made to determine the person's relocation needs and preferences, and to explain the person's rights and options (including right to appeal)?</p> <p style="padding-left: 40px;">Date of initial contact: _____</p>	<p style="text-align: center;">Yes No</p>	<p style="text-align: center;">Yes No</p>	
<p>6. Assistance Options: Does the relocation file indicate that the grantee adequately explained assistance options, including receiving assistance either under:</p> <ul style="list-style-type: none"> ▪ URA and the implementing regulations at 49 CFR Part 24, including payments for moving and related expenses and replacement housing payments, or ▪ Section 104(d) of the HCD Act of 1974, including advisory services, moving expenses, security deposits and credit checks, interim living costs, and replacement housing assistance? <p>See 24 CFR 42.350</p>	<p style="text-align: center;">Yes No</p>	<p style="text-align: center;">Yes No</p>	

RELOCATION CHECKLIST	Documentation Indicates General Program Practice Consistent with Relocation Requirements?	Case # _____	Comments:
<p>7. 90-Day Notice: Was a 90-day notice issued indicating the earliest date by which the affected person might be required to move?</p> <p>Date of 90-day notice: _____</p> <p>(If applicable) Did the notice indicate that the occupant would not be required to move earlier than 90 days after a suitable replacement dwelling was made available?</p> <p>See 49 CFR 24.203 (c) and 49 CFR 24.204</p>	<p>Yes No</p> <p>Yes No</p>	<p>Yes No</p> <p>Yes No</p>	<p>Note: If the grantee determined that “urgent need” made the 90-day notice impractical, describe the grantee’s documentation for this determination (see 49 CFR 24.203(c)(4)).</p>
<p>8. Vacate Notice: Was a vacate notice issued?</p> <p>Date of vacate notice: _____</p>	<p>Yes No</p>	<p>Yes No</p>	
<p>9. Payment for Moving and Related Expenses: Were moving and/or related expenses paid to the person displaced?</p> <p>(If “Yes”: for individual case reviews, check one of the boxes and indicate amount below)</p> <p><input type="checkbox"/> Actual Expenses</p> <p><input type="checkbox"/> Alternative Allowance</p> <p>Amount of payments: _____</p>	<p>Yes No</p>	<p>Yes No</p>	<p>Check grantee’s computation. If incorrect, explain:</p>
<p>10. Payment for Reestablishment Expenses (if applicable): Were reestablishment payments made to the person displaced?</p> <p>(If “Yes”, for individual case reviews, indicate the amount below)</p> <p>Amount of payments: _____</p>	<p>Yes No</p>	<p>Yes No</p>	<p>Check grantee’s computation. If incorrect, explain:</p>
<p>11. Evidence of Payments Made: Did the relocation file contain clear documentation (e.g., cancelled checks) that the specified payments were made?</p>	<p>Yes No</p>	<p>Yes No</p>	

RELOCATION CHECKLIST	Documentation Indicates General Program Practice Consistent with Relocation Requirements?	Case # _____	Comments:
12. Discrimination: Is there any evidence of discrimination in the relocation process?	Yes No	Yes No	If "Yes", provide (or attach) explanation:
13. Inappropriate Denial of Assistance or Due Process: Is there any evidence that any person was inappropriately denied relocation assistance, or denied the right of due process (including right to appeal grantee's determinations)?	Yes No	Yes No	If "Yes", provide (or attach) explanation:
REPLACEMENT HOUSING ASSISTANCE (RESIDENTIAL CASES ONLY)			
1. Notice of Comparable Replacement Dwelling (CRD): Does the relocation file contain a notice relative to the specific comparable replacement dwelling? Date of CRD notice: _____	Yes No	Yes No	
2. Limit of Replacement Housing Payment: Does the relocation file contain: <ul style="list-style-type: none"> ▪ The price/rent used for establishing the upper limit of the replacement housing payment? ▪ The cost of CRD monthly rent/utility costs (MRU), or proposed sales price used to establish the replacement housing payment? 	Yes No Yes No	Yes No Yes No	

RELOCATION CHECKLIST	Documentation Indicates General Program Practice Consistent with Relocation Requirements?	Case # _____	Comments:
3. Referrals to Comparable Replacement Housing: Does the relocation file document that the grantee made referrals to comparable or suitable, decent, safe and sanitary replacement housing? (For individual case review) Number of referrals made: _____	Yes No	Yes No	
4. Grantee Determination of Suitability of Replacement Dwelling: Does the relocation file contain documentation regarding the date on which the grantee determined that the replacement dwelling was decent, safe, and sanitary? Date of determination of replacement dwelling's condition: _____	Yes No	Yes No	
5. Cost of Replacement Dwelling: Does the relocation file indicate the cost of the replacement dwelling (MRU or sale price)? If "Yes", for individual case review indicate Cost: \$ _____	Yes No	Yes No	
6. Cost of Displacement Dwelling: Does the relocation file indicate the cost of the displacement dwelling (MRU or "acquisition cost")? If "Yes", for individual case review indicate Cost: \$ _____	Yes No	Yes No	
7. Ability to Pay: Does the relocation file document the displaced person's ability to pay for a portion of the costs of the replacement dwelling? (If "Yes", for individual case review check one of boxes and indicate amount in the space below:) <input type="checkbox"/> Total Tenant Payment (TTP) <input type="checkbox"/> 30% of gross income Amount: \$ _____	Yes No	Yes No	

RELOCATION CHECKLIST	Documentation Indicates General Program Practice Consistent with Relocation Requirements?	Case # _____	Comments:
8. Claim Filed: Does the relocation file include the claim that was filed for the replacement dwelling payment? If "Yes", for individual case review provide: Date of claim: _____ Amount of claim: \$ _____	Yes No	Yes No	
9. Payment of Claim: Does the relocation file include documentation that the replacement dwelling claim was paid? If "Yes", for individual case review provide: Date of payment: _____ Amount of payment: \$ _____	Yes No	Yes No	
10. Reviewer's Opinion: Was the amount of the replacement housing payment accurate and appropriate?	Yes No	Yes No	Document any errors in replacement dwelling payment:
ONE-FOR-ONE REPLACEMENT HOUSING			
Citation: 24 CFR 42.375 (last revised 10/3/96): Requires grantee to replace with comparable lower income dwelling units any occupied or occupiable lower-income dwelling units that are demolished or converted in connection with an assisted activity. 1. Dwelling Units Demolished or Converted: Has the grantee demolished or converted occupied or occupiable lower income dwelling units in connection with the project? If "Yes", complete questions #2 and #3.	Yes No		

RELOCATION CHECKLIST	Documentation Indicates General Program Practice Consistent with Relocation Requirements?	Case # _____	Comments:
<p>2. Replacement Units: Has the grantee replaced the lower income occupied or occupiable units lost through demolition or conversion with lower income dwelling units that:</p> <ul style="list-style-type: none"> ▪ Are located within the grantee's jurisdiction? ▪ Are sufficient in number and size to house no fewer than the number of occupants who could have been housed in the units that were demolished or converted? ▪ Were provided in standard condition? ▪ Were made available at any time during the period beginning one year before the grantee made public its intent to demolish/convert the affected units and ending three years following the commencement of the demolition or conversion? ▪ Are designed to remain lower-income units for at least 10 years from the date of initial occupancy as replacement units? <p><i>Note: One-for-one replacement is not required if the HUD field office determines that there is an adequate local supply of vacant lower income dwelling units available in standard condition and on a nondiscriminatory basis (see 24 CFR 42.375(d))</i></p>	<div>Yes</div> <div>No</div> <div>Yes</div> <div>No</div> <div>Yes</div> <div>No</div> <div>Yes</div> <div>No</div>		

RELOCATION CHECKLIST	Documentation Indicates General Program Practice Consistent with Relocation Requirements?	Case # _____	Comments:
<p>3. Preliminary Information to be Made Public: Before entering a contract to provide funds for an activity that will directly or indirectly result in the demolition or conversion of occupied or occupiable lower income dwelling units, did the grantee make public, and submit in writing to DHCD, the following information:</p> <ul style="list-style-type: none"> ▪ A description of the proposed assisted activity? ▪ The location (on a map) and number of lower income dwelling units by size to be demolished or converted? ▪ A time schedule for the commencement and completion of the demolition or conversion? ▪ The location (on a map) and number of lower income dwelling units by size that will be provided as replacement units? ▪ The source of funding and time schedule for providing the replacement units? ▪ The basis for concluding that the replacement units will remain as lower income dwelling units for a period of at least 10 years from initial occupancy? ▪ Information demonstrating that any proposed replacement of dwelling units by smaller units (e.g., replacing a 2-bedroom unit with two 1-bedroom units) is consistent with the housing needs of lower-income households in the jurisdiction? 	<div>Yes</div> <div>No</div> <div>Yes</div> <div>No</div> <div>Yes</div> <div>No</div> <div>Yes</div> <div>No</div> <div>Yes</div> <div>No</div>		

RELOCATION REQUIREMENTS

SUMMARY PAGE FOR MONITORING AND COMPLIANCE REVIEW

Instructions to Monitoring Staff:

In the space below, please notes any issues arising from the on-site review of the grantee’s relocation procedures and activities. For any concerns or findings identified during the review, provide amplification as necessary, and specify corrective actions that the grantee must take to resolve issue(s). Also describe the nature of any technical assistance provided during the review. List any follow-up action for the DHCD staff and/or the grantee, and the dates by which such actions must be taken.

Issues/Concerns/Findings (and Relevant Citations):

Necessary Action Steps and/or Resolution (and Deadlines):

Based on the evidence reviewed, has the grantee complied with relevant anti-displacement and relocation requirements, and have its practices been consistent with the grantee’s written Anti-displacement and Relocation Assistance Plan? Yes No

Maryland DHCD Staff Conducting Review: _____

Date Review Completed: _____